

January 31, 2006

Chief, Policy and Compliance Division

Transmittal # 90 CHAMPVA Policy Manual

See Transmittal Distribution List

**PUBLICATIONS AND TRANSMITTAL CHANGE  
FOR THE CHAMPVA PM (POLICY MANUAL)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

**MTOC (Master Table of Contents).**

- Removes Chapter 2, Section 5.2, *Orthodontia Related To Scoliosis* to RESERVED.

**Chapter 1, Section 4.2, MbM ( MEDS By MAIL).**

- Amends Authority.
- Under Policy removes reference if OHI is Medicare or CHAMPVA supplemental insurance, the beneficiary is eligible to participate in the MbM Program.
- Adds Exclusion to clarify that beneficiaries who have OHI that includes prescription drug coverage are not eligible to participate in the MbM Program and that Medicare Part D is considered OHI.

**Chapter 2, Section 5.2, ORTHODONTIA RELATED TO SCOLIOSIS.**

- This Policy was removed to RESERVED. After review of this policy, there was no specified exclusion relating orthodontia and treatment of scoliosis to the use of a Milwaukee Brace.

**Chapter 2, Section 5.9, DENTAL CARE WITH COEXISTING COVERED  
MEDICAL CONDITIONS REQUIRING A HOSPITAL SETTING.**

- Under Policy clarifies coverage of hospital ancillary charges and potential medical complications, and adds an example of circumstance as that of an uncooperative patient whose behavior would jeopardize the procedure, such as a small child or a patient with a developmental disability, like mental retardation.

**Chapter 2, Section 10.10, BLEPHAROPLASTY.**

- Amends Procedure Codes.
- Under Description revises language for clarification.
- Under Policy revises language to clarify that blepharoplasty is covered when medically necessary or for correction of a congenital anomaly.
- Under Policy Considerations revises language to include new criteria that will be considered for coverage.
- Under Exclusions removes old references and adds procedures performed for cosmetic purposes.

**Chapter 2, Section 17.14, CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE AND BiPAP® (BILEVEL POSITIVE AIR PRESSURE).**

- Amends Procedure Codes.
- Under Policy Considerations adds reimbursement for DME is established by fee schedules and provides the fee schedule internet address for pricing information.

**Chapter 2, Section 20.9, CENTRAL NERVOUS SYSTEM STIMULATION.**

- Under Policy adds deep brain stimulation for essential tremor and qualifying criteria.
- Under Policy Considerations removes the requirement to demonstrate effectiveness of the treatment of a temporarily implanted electrode before implantation of a permanent electrode.
- Under Exclusions adds deep brain stimulation for essential tremor and criteria for noncoverage.

**Chapter 2, Section 22.5, BOTULINUM TOXIN A INJECTIONS.**

- Amends Related Authority.
- Amends Procedure Codes.
- Under Policy adds coverage for off-label indications.
- Under Exclusions adds indications.

**Chapter 2, Section 25.2, PULMONARY SERVICES.**

- Amends Procedure Codes.

**Chapter 2, Section 26.7, MRI (MAGNETIC RESONANCE IMAGING), MRA (MAGNETIC RESONANCE ANGIOGRAPHY), MRS (MAGNETIC RESONANCE SPECTROSCOPY).**

- Amends Authority.
- Under Policy adds coverage criteria for MRA to evaluate CA (Contrast Angiography).
- Under Policy Considerations adds coverage criteria for medically necessary MRI's in combination with pharmacologic (dobutamine) or exercise stress test as an alternate to stress echocardiography or stress scintigraphy in the diagnosis of CAD (Coronary Artery Disease).

**Code Index.** Amends index to add and delete codes referenced in this transmittal.

**Subject Index.** Amends index to add and delete changes referenced in this transmittal.

Lisa Brown  
Chief, Policy and Compliance

#### DISTRIBUTION

CSC	00	CPD	10	TNG	0
CBO	1	SSD (Eligibility)	3		
CIO	2	PC	17		
Warehouse	0	AD (Operations)	1		